## PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This appropriate. All further c indicated unless corrected maintenance fee notification.	orrespondence includir I below or directed oil ons.	g me rate serwise in	mi, advance or Block I, by (a	Militaria di Maria di Propinsi di Maria	maintenance teen	namili has some	ailed in the reament	CONTRACTOR	ndanca addeeps as						
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  91436 7590 11/21/2011  Fanelli Haag PLLC 1909 K Street, N.W., Suite 1120  Washington, DC 20006					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (\$71) 273-2865, on the date indicated below.  (Depositor's name)										
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					APPLICATION NO.	FILING DATE			FIRST NAMED INVENTO	ATTORNEY DOCKET NO. CONFIRMATION NO.				RMATION NO.	
10/594,188	V594,188 0%/21/2007			Eugen Kolossov		0066-0006-US1 7273									
TITLE OF INVENTION:			^^^^	gooooooooooooooooooooooooooooooooooooo			EOF		·····						
APPLN. TYFE	SMALL ENTITY	*************************	FEE DUE	PUBLICATION FEE DUI	PREV. PAID ISST	EFEE	TOTAL FEE(S) DUE		DATE DUE						
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EXAMIRER		ART UNIT		CLASS-SUBCLASS											
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1. Change of correspondence address or indication of "Fee Address" (3 CFR 1.363).  2. Change of correspondence address (or Change of Correspondent Address form PTO/SB/122) attached.  3. "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custama Namber is required.				(1) the names of up or agents OR, afterna (2) the name of a sin registered attorney or 2 registered patent at	the names of up to 3 registered patent attorneys agents OR, alternatively, the name of a single firm (having as a member a sistered attorney or agent) and the names of up to agistered attorneys or agents. If no name is ed, no name will be printed.										
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Please check the appropria	te assignee category or	categories	(will not be pri	inted on the patent):	Individual 🕱 🤇	orporation	or other private gro	sup entity	<b>Q</b> Government						
4a. The following fee(s) are State Fee Publication Fee (No O Advance Order - # o	small entity discount p		b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number												
5. Change in Entity Status Ll a. Applicant claims:			FR 1.27.	O b. Applicant is no k	oger claiming SMA	LL ENTII	TY status. See 37 Cl	FR 1.27(g	)(2).						
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